

ImPACT CONSENT FORM

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

Yes, I have read the attached information. I understand its contents. I have been given the opportunity to ask questions and the responses are to my satisfaction. I agree to participate in the ImPACT Concussion Management Program.

No, I do not want to participate in this program. I understand that refusing to participate may lead the physician to under-/overestimate the severity of the head injury, if one were to occur, since there is no neurocognitive baseline to compare with the post-concussion test results. I also understand if at anytime I change my mind, all I have to do is turn in another consent form agreeing to participate to the athletic trainer at the appropriate school.

Printed Name of Athlete: _____

Sport: _____

Grade: _____

Signature of Athlete Date

Signature of Parent Date

***Please return this consent form to your respective Athletic Trainer at your school.**